

USE AGREEMENT SERVICES ACCESS REQUEST

IMPORTANT NOTICE: Effective September 1, 2022, all initial Information Use and renewal applications must be submitted electronically to Use Agreement Services (UAS). This is mandated by the Code of Virginia § 46.2-216.1. Please visit our website at <https://www.dmv.virginia.gov/> for more information under the Notices tab. If you have any questions or concerns regarding this matter, please contact UAS by email at useagreement@dmv.virginia.gov or by phone at (804) 474-2294.

PURPOSE: DMV customers use this form to request new access to existing agreements or to make changes to existing users.

INSTRUCTIONS: Form must be completed, signed and submitted via email to: rsa.token-admin@dmv.virginia.gov. Unsigned or incomplete forms cannot be processed and will be returned to the requestor.

ACCESS TYPE	
CHECK ONE:	ENTER REQUESTED ACCESS
<input type="checkbox"/> EXTRANET <input type="checkbox"/> MOVE IT <input type="checkbox"/> DMV SELECT <input type="checkbox"/> DMV SELECT WITH ADDITIONAL ACCESS	

ORGANIZATION INFORMATION	
ORGANIZATION NAME	USE AGREEMENT / MEMORANDUM OF UNDERSTANDING NUMBER

REQUEST TYPE	
CHECK APPLICABLE BOX:	
<input type="checkbox"/> NEW USER TO EXISTING ACCOUNT - \$65.00 per user	<input type="checkbox"/> DELETE USER
<input type="checkbox"/> RENEW EXISTING CCESS - \$65.00 per user	<input type="checkbox"/> REASSIGN EXISTING ACCESS TO A NEW USER
<input type="checkbox"/> CHANGE USER LAST NAME	<input type="checkbox"/> DELETE - MAINTAIN FOR FUTURE USE

CURRENT USER INFORMATION	
THIS FOLLOWING INFORMATION IS REQUIRED FOR USER REASSIGNMENTS	
EMPLOYEE NAME	USER ID:
EMAIL ADDRESS	

NEW USER INFORMATION	
USER FULL NAME (first, mi, last)	MOTHER'S MAIDEN NAME
EMAIL ADDRESS	

CERTIFICATION			
I certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.			
ORGANIZATION'S SECURITY OFFICER / AUTHORIZED REPRESENTATIVE NAME		ORGANIZATION'S SECURITY OFFICER / AUTHORIZED REP SIGNATURE	
ORGANIZATION'S SECURITY OFFICER / AUTHORIZED REPRESENTATIVE EMAIL ADDRESS		PHONE NUMBER	DATE (mm/dd/yyyy)